MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	√					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		1				
9		√				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
20		1				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29	1					
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41	1					
42		1				
43	1					
44		1				
45		2				
46		2				
47		2				
48		2				
49		2				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

		IND	DEP	IND	DEP	IND	DEP
51			2				
52			2				
53		1					
54							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							